

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **37093**  
Registrar's No. **9366**Registration District No. **1-91**Primary Registration District No. **1003**

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Phillips Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **8 mos 10 days**  
 (Specify whether years, months or days)  
 In this community **23 years**  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Edward Turner**3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Unknown**  
 (Month) (Day) (Year)

8. AGE: Years **About 65** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace \_\_\_\_\_ (City, town, or county) **Miss** (State or foreign country)10. Usual occupation **Coal dealer**11. Industry or business **\***12. Name **Wilson Turner**18. Birthplace \_\_\_\_\_ (City, town, or county) **Miss.** (State or foreign country)14. Maiden name **Unknown**15. Birthplace \_\_\_\_\_ (City, town, or county) **Unknown** (State or foreign country)16. (a) Informant's own signature **Wash Jackson**(b) Address **2710 Wash St.**17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 16, 1940** (Month) (Day) (Year)(c) Place: burial or cremation **Greenwood Cem.**18. (a) Signature of funeral director **Dement & Son**(b) Address **2629-31 Wash St.**19. **NOV 14 1940** (Date received local registrar) (b) **J. F. Braddock** (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St Louis** **21**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2327 1/2 Franklin**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **12**  
year **1940** hour **8:40** minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from **March 2**, 19 **40**, to **November 12**, 19 **40**, that I last saw him alive on **November 12**, 19 **40**, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
**Hypertensive Heart Disease** **5 years**  
**Hypertrophic Arthritis** **5 years**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. W. Johnson** (M. D. or other) \_\_\_\_\_Address **2601 N Whittier** Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, L. Boykin  
\_\_\_\_\_, Registered Apprentice No. myself  
working under my personal supervision.

Signed Lennie Boykin  
Licensed Embalmer No. 294  
P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**